

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/14/03.

I. DISPUTE

Whether there should be reimbursement for an office visit 99213 dated 5/17/02 and Impairment Rating 99455-L5-WP and Neurometer 95999-WP dated 6/11/02.

II. FINDINGS

The office visit 99213, dated 5/17/02, has been paid by the respondent since the filing of this dispute and no longer remains in dispute. Only the services of 6/11/02 will be reviewed.

III. RATIONALE

The respondent submitted EOBs indicating the disputed Impairment Rating 99455-L5-WP and Neurometer 95999-WP dated 6/11/02 were recommended for payment by the respondent on 3/26/03. The requestor was contacted again 12/16/03 to verify receipt of payment. The requestor did not wish to withdraw the dispute. The EOBs submitted by the respondent indicate there is no current dispute. Additional reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for Impairment Rating 99455-L5 WP and Neurometer 95999-WP dated 6/11/02.

The above Findings and Decision are hereby issued this 18th day of December 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

NLB/nlb